

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

RECEIVED

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LOBBYIST REGISTRATION FORM STATE OF HAWAII

(See back of this form for instructions)
(Type or Print Clearly)

DADT				
PART I LOBBYIST				
NAME(Last)	(First)	(First) (Middle)		TELEPHONE
MORRIS	S GEORGE A."RED"		D"	808/531 -4551
MAILING ADDRESS (Street)		(Oix A		
222 S.VINEYARD ST.,STE	401	(City) HONOLULU	(State) H I	(Zip Code) 96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
G.A. MORRIS,INC.			,	808 /531-4551
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
222 S.VINEYARD ST.,STE	- 401	HONOLULU	HI	9 6813-2453
		HOHOLOLO	****	\$0013 Z+33
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LO	-	to)		TELEBLIONE
,	TON (DO NOT BOILDING			TELEPHONE 414 / 931-2000
MILLER BREWING COMPANY				414 / 931-2000
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
3939 WEST HIGHLAND BLV	/D.	MILWAUKEE	WI	53208
3				
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANI	IZATION'S EXPENDITURES STA	ATEMENT	TELEPHONE
PAUL LUCAS			4.7	414/931-3129
MAILING ADDRESS (Street)		(Cts.)	(04-4-)	
WAILING ADDITESS (Stiebt)		(City)	(State)	(Zip Code)
3939 WEST HIGHLAND BLV) .	MILWAUKEE	WI	53208
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agricultura	Education	I I I I I I I I I I I I I I I I I I I		-i T b1 0
Agriculture	Education	Human Service		cience, Technology & conomic Development
Communications &	Government Operati	ions & Intergovernmer	ntal Relations T	ourism & Recreation
Public Utilities	Finance	International Aff	airs	odnom a modrodation
Consumer Protection &	Hawaiian Affairs	Labor & Employ	yment T	ransportaion
Commerce				
Culture, Arts, Historic Preservation	Health	Planning, Land Use Manageme	& Water X C	ther: (indicate below)
	<u>*</u>			BEER
Ecology, Energy, Environmental Protection	Housing	Public Safety &	Corrections	MANUFACTURER
DARTIN OFFICIATION OF LODDING				
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
			4/14/0	5
	Signature of Lobbyist)		////(Date	}
PART V AUTHORIZATIO	N TO LOBBY			
NAME		TITLE OF AUTHORIZ	ING OFFICER OR PE	RSON REPRESENTED
PAUL LUCAS	LUCAS REGIONAL DIRECTOR, GOVERNMENT AFFAIRS			
		. 112/12/11/12		
NAME OF ORGANIZATION (if applied	cable)			TELEPHONE
MILLER BREWING COMPA	NY			414/931-3129
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
• • • • • • • • • • • • • • • • • • • •	SLVD.	MILWAUKEE	WI	53208
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
11/2/100				
[/ 11/1]	1 / ////// /	and the same of th	712/10	1
(Signature of Auth	orizing Office or Person Re	presented)	(Date	9)